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PTO/SB/21 (5-99)

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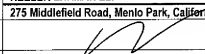
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/978,188	
	<b>Filing Date</b>	OCTOBER 15, 2001	
	<b>First Named Inventor</b>	AVI J. ASHKENAZI	
	<b>Group/Art Unit</b>	1646	
	<b>Examiner Name</b>	O'HARA, EILEEN B.	
<b>Total Number of Pages in This Submission</b>	7	<b>Attorney Docket Number</b>	39780-2630 P1C8

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> <b>AMENDMENT / RESPONSE</b> <input checked="" type="checkbox"/> <b>AFTER FINAL</b> <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice	<input type="checkbox"/> Copy of Assignment <input type="checkbox"/> Amendment Under 37 CFR §1.48(b) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (Please Identify Below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

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Signature			
Date	JUNE 14, 2007	Customer Number:	35489

**FILED VIA EFS  
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